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COMMITMENT TO AND IN MARRIAGE†

LEON SALZMAN, M.D.*

The ability to enter into contractual relationships, whether they be in the form of a business arrangement to buy or sell things or a human living arrangement such as marriage or church membership, depends upon a number of issues. Initially, there must be the capacity in both parties for making a free choice and decision even if the external cultural conditions may prearrange such a contract. In order to make such a decision the individual must have the intellectual and cognitive capacity to understand the terms and the nature of the contract into which he is entering. In marital contracts the existence of manifest feeble-mindedness, brain damage with total confusion, and disorientation and severe mental disorder with delusions and hallucinations clearly invalidates the ceremony.

Secondly, there must be some measure of ability to comprehend and be responsible for carrying out the contractual relationship, including some awareness of the implications of the arrangement and the ability to project into the future the complications and issues that may develop. In a business arrangement such issues can be fairly well accounted for in terms of such things as weather conditions or technical consultations. In a contract such as marriage, involving interpersonal intimacy, however, future complications relating to, among other things, family occupation or accidental or physical events are more difficult and complicated and involve more than an intellectual projection into the future. In human relationships the presence of emotions, feelings, love, tenderness, anger, hate, and envy, for example, play a crucial role in the initial decision as well as the ability and willingness of the partners to fulfill the contractual agreement. Consequently, in dealing with the question of whether human contracts might be considered valid at the time of the exchange of consent as well as in the ensuing hours and years, one must take into account not only the intellectual or cognitive capacities of the individuals involved, but also their emotional and psychic integrity. Also the degree to which their emo-

† This paper was originally presented at a symposium conducted under the auspices of the Gregorian University in Rome, October 6-9, 1975, and attended by judges of the Sacred Roman Rota, judges and attorneys of the Tribunal of the Diocese of Brooklyn, and Italian and American psychiatrists who act as psychiatric consultants at the Rota and at the Brooklyn Tribunal.

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tional maturity allows for a sincere understanding of another person's needs, desires, sensitivities, and values must be considered.

To adequately examine the question we must look at the following issues. Time permits us to go into detail with only a few. First, what emotional and intellectual faculties limit, distort, and negate an individual's freedom of choice and freedom to act? I shall only examine the emotional factors that play a significant role in these matters. Second, what constitutes maturity to enter into valid interpersonal relationships in which love, concern, and responsibility for others is present? Third, can psychiatry supply some guidelines and judgments in matters of emotional and psychic maturity? Fourth, do the present psychiatric categories and labels adequately identify unequivocally those who can and those who cannot fulfill the criteria of a valid marriage contract? In this matter, do the categories of psychosis and neurosis define more severe and less severe personality disorganization so that the presence of either label will immediately enable one to make a judgment with respect to validity? In fact, some neuroses may be more disorganizing and therefore more disruptive to an individual's ability to enter into valid contracts than a psychosis. This is particularly relevant to one category of character disorders which will be examined in some detail. Fifth, can the psychiatric consultant, on the basis of a present examination of the individual, documents, and witnesses, evaluate and affirm the emotional and contractual capacity of an individual many years in the past? And finally, can this be done in a brief period of time without elaborate testing, interviewing, and prolonged examination? I propose to respond briefly to these questions.

CHOICE—DECISION—COMMITMENT

The ability to make a decision or to choose between alternatives is dependent on a number of significant and related factors in human functioning. An intellectual awareness of the issue and an ability to discriminate between alternatives after an examination of relevant factors is obviously essential to decisionmaking. After acknowledging this obvious statement, however, we must recognize that emotional factors are strong determinants as to whether a decision can be made and what the decision will be. Often this is so in spite of the facts and data that are accumulated.

Frequently decisions are not made because the individual is emotionally incapable of closure insisting that he must have more and more data about his intended spouse and thereby allowing only accidental factors to force the issue. This we can call a decision by default because circumstances, and not inner commitment, finally decree the matter. Emotional factors may also contrariwise, impulsively bring about a decision in order to mitigate the anxieties of procrastination and indecision. Such decisions are not made freely, but derive from hidden forces of fear; uncertainties; and demands for perfection, absoluteness, and guarantees for the future. Thus the consideration of alternatives in an intellectual sense and the ability to

make commitments and decisions are strongly influenced by one's feelings, attitudes, and emotional state and particularly by the kind of personality structure one has developed through the years. This is not the same issue we see in psychotic states where delusional ideas or commands may push an individual to commitments that are totally alien to his true person or to his more normal or healthy orientation. Nevertheless, they are closely related in that they involve compulsive behavior produced by inner dictates that we cannot alter or disregard, but which can be alleviated by psychiatric treatment. This matter has been clearly understood for centuries and is recognized in the category of psychoses as schizophrenia or manic-depressive disorders.

The recognition that one's characteristic mode of functioning, what we call personality or character structure, has a crucial influence on decision-making and can seriously affect one's free will, judgment, and capacity for love, intimacy, and concern for another human being must be taken into account. Such decisions by these particular characterological types are made beyond and outside the individual's conscious and deliberate choice because they are forced on him by psychological and internal imperatives. For example, an hysterical personality tends to be impulsive, tends to make decisions on strong emotional grounds rather than on intellectual appraisals and, because of both a great necessity for immediate closure and the uneasiness of any waiting period, tends to make premature judgments. In their great need for dramatic and flashy effects, a decision grows out of the immediate need rather than an examination of long term effects.

Likewise, the pathologically greedy person, someone who has a compulsive need to take all the time and cannot turn down a possibility if it offers any degree of satisfaction, must also be considered. His decision fails to take into account the negative features of a situation and is often faulty or invalid. The obsessive or compulsive individual most strikingly illustrates this point since he cannot make a choice in spite of having examined all the alternatives over and over again and having reviewed every issue a number of times and in great detail. Such decisions and commitments are impossible for him to make because of his need for absolute guarantees and certainties regarding the consequences of his decisions. As a result, these individuals are forced to make decisions impulsively or only when external factors compel them to overcome the enormous anxieties implicit in making the wrong choice. When such decisions turn out to be wrong they cannot accept the responsibility for them since they must insist that the decision was forced on them by others. Thus, every decision is a conditional one, lacking full commitment and resolution and rarely based on positive issues of love, intimacy, or care.

The pathologically dependent or passive individual may decide when he feels he will get support and maternal care, not when there is a mutual relationship of growing and getting. Some decisions for marriage are expedient or exploitative and, in the sociopathic or psychopathic personality,

may be fraudulently committed in order to achieve some personal gain without a real regard for the partner. These examples give us some idea of how one's background and development, producing a particular personality deformation, heavily influence a decision and frequently in a direction that does not convey a free choice or an ability to examine fully or wisely the issues or the alternatives even though the individual's intellectual capacities are intact.

In severe compulsive personality disorders or neuroses no full choice or will is present since the possibility of exerting choice is eliminated by the strength of the compulsion which forces the individual to choose in one direction or another without a valid consideration of the alternatives. This issue can be seen in all forms of compulsive behavior, whether it be compulsive scrupulosity, drinking, stealing, or eating. In the compulsion neuroses an individual is forced to behave in certain ways or to obsess over ideas or words which he cannot turn off because of the enormity of the underlying psychological demands. In this personality structure or neurosis we have the clearest evidence of behavior dictated by forces outside of the individual's awareness and control. He therefore has no freedom to choose since he cannot examine the underlying pressures that force him to behave as he does. He does, however, explain or rationalize his behavior. It is beyond his capacity to control unless he receives adequate and competent therapy for this fascinating but debilitating psychic disorder. Over-scrupulosity is a manifest symptom of this disorder in the realm of religious practice.

If the decision to marry derives from sources related to what has been described, we can readily see that the commitment to such a marriage is fragile and exceedingly vulnerable to early disruption unless fortuitous circumstances intervene and sufficient healing occurs.

Decision with regard to marriage may also be psychologically invalid if at the moment of choice the individual was temporarily incapable of a free choice because of drugs, alcohol, trauma, and the like. These may not imply a character disorder or psychosis, but a temporary state in which the ability to decide is impaired.

Thus, in all of the above instances, the elements of psychic and emotional immaturity interfere with judgmental capacity. Since a free or mature decision or choice does not derive from two independent activities and capacities, namely the intellect and the emotions, but actually must be a synthesis of the two, that is to say the consequence of integrated, not separated or independent, judgments, we cannot say that a decision was correct simply because the individual's intellectual capacities were adequate. Rather, only the unity and the maturity of the aspects of the emotions and the intellect will permit the psychiatrist to assert that such decisions come from a free and untroubled state and represent the valid wishes of the involved parties.

Although it is extremely difficult to assess whether such a synthesis

does in fact exist in a particular individual at a particular time, the developments in psychology and medicine in the last century have advanced our understanding of the structure of the human psyche and the way it functions to allow us to make reasonable judgments as to whether some decisions have come out of an integrated ego structure or whether they have been forced by compulsions or other psychic abnormalities. When we have certain psychic states, like compulsions, or a severity of problems, as in the psychosis of the borderline state, the decision is easy. But in the borderlands of certain character structures or neuroses, we still need a clear and competent investigation to judge the individual's capacity to make a free and mature choice.

The ability to comprehend an individuals' personality structure in order to come to some judgment about his capacity for mature decision-making does not require prolonged or extensive interviewing. In fact, a good psychiatric interview lasting one or two hours, accompanied by supporting materials from other members of the family, relatives, or friends, can often give one a firm grasp about the individual's capacity to make mature judgments free from compulsive tendencies and emotionally and intellectually considered. In the borderline states this may be slightly more complicated, but the same issue prevails when we have sufficient evidence of a personality disorganization bordering on psychotic tendencies or potentialities for disorganized thinking or acting. In fact the label of borderline indicates some latent potentiality for schizophrenic development that suggests a severe psychological incapacity.

To come to such judgments does not necessarily require us always to have a perfect and total picture of the syndrome. Even if we have a great deal of time, it is not possible to have a complete picture in all instances since no one individual displays all the elements in one personality structure or psychotic or neurotic disorder. What we need is sufficient and essential features that characterize the disorder; we can extrapolate on the rest with some caution.

How do we know that the personality that is now being presented to us operated at the time of the decision to marry? It is extraordinary how personality does reveal itself if the interview techniques are effective. Choice and decision need not imply the absolutes of good health or a complete balance of the emotional and intellectual capacities. Rather, there has to be a sufficient balance so that one is not pushed or compelled to behave in certain ways which often are against one's true will and choice. It must also be recognized that the underlying capacities for involving oneself in difficult interpersonal decisions require an intact, intrapersonal maturity and soundness. Because one's behavior is strongly tied to one's personality structure, the judgment of the psychiatrist comes not only from the understanding of the development of the individual out of his past, but also grows out of an understanding of the events which transpired at the time such decisions or choices were made. Thus, one's behav-

ior is often a revelation of one's underlying personality structure, and the description of a personality category will allow us to predict and describe an individual's behavior with some degree of accuracy.

While we know that many personality difficulties arise in early years, it is clear that such tendencies become strengthened and fortified through the years. If we can become clear about the individual's personality structure at the time we see him, we can make valid conjectures about what it must have been in the past and therefore propose a diagnosis of what he or she must have been like at the time the decision was made. Personalities tend to become more rigid and fixed through the years. Consequently, we are probably seeing a more extreme version of what the individual was like many years ago. A compulsive pattern that is present today adds very strong support to the proposition that it existed at an earlier time, probably including the time when the decision to marry was made. This responds to the question of how we can determine, long after an event, the state of mind of the participants at the time a choice was made.

Such judgments are possible after reasonably short interviews if the data are very strong and supportive. At times, however, there is sufficient doubt and the judgment must be a questionable one. Nevertheless, the presence of severely disturbed and distorted behavior, such as is present in severe neurosis or psychosis, often gives us a firm grasp of the individual's functioning at the time of choice or decision. And this is equally true if we are dealing with a character structure or personality disorder in which the problem of choice and decision is equally great.

Since a neurosis or personality disorder becomes more severe as one ages, it is reasonable to assume that it may have been minimal at the time of the marriage. This would be true if experience and the intervention of benevolent events did little to diminish the role of the neurosis in one's life, but left it to exist in a subdued and adaptive way, producing less than the expected disorganization. Thus, a neurotic process which is apparent years after a marriage was entered into does not necessarily reflect the intensity of its activity at an earlier time. It merely suggests that it must have been present at that time. Only an examination of the intervening crises, thwarts, benevolent successes, and failures will shed some light on whether it got better or worse over the years. Nevertheless, as an index of the severity of an individual's psychopathology, the ability to gather data about his behavior at the time of the marriage is more significant than an attempt to extrapolate on the earlier severity by the present day manifestations.

RESPONSIBILITY—COMMITMENT

In addition to the ability to make a mature and clear choice, one must also consider the individual's ability to plan and conceptualize the significance of a decision in terms of the future, a necessary part of this ability being a responsible concern for fulfillment of this future. This requires a

dimension of maturity additional to that of making a free choice, namely, an emotional maturity to be able to acknowledge and be concerned with the needs of the partner in terms of the future requirements of the contract. Such long range capacities may be lacking in individuals even though the ability to make a decision in the first instance may be valid. This issue involves the range of love in a relationship and the regard for another person as an object of care and consideration. In a mutual enterprise, it is necessary to develop a full life of responsible commitment to one's family as individuals as well as to one's family as a unit with material needs. Only when one is capable of some introspective ability to understand oneself is it possible to understand the other party. This implies a capacity for love, tender interest, and concern for another individual as well as a readiness to share and an ability to pursue goals with a forthright decisiveness and enthusiasm. It implies trust, dedication, loyalty, and a full commitment to a shared life.

This situation is strikingly absent in those individuals we call sociopaths. While capable of making a free choice as to whom they marry (although often with fraudulent overtones), they are totally incapable of pursuing future goals because of their marked narcissistic tendencies, their lack of concern for anything but the fulfillment of their own immediate needs, their inability to tolerate any frustrations, and their insistence upon satisfying in a very egocentric way only their own requirements. They demand a fulfillment unrestrained by limits of personal involvements or the law, and, therefore, they frequently engage in illegal and outright anti-social behavior. Finding no true loyalty and commitment in interpersonal relations, they very quickly become involved in philandering relationships with no concern for the welfare of the family. This is a perfect example of the character disorder in which the capacity to make a decision may be present, but the individual's capacity to fulfill the contract in the long run is totally lacking.

It was suggested that a psychopathic or sociopathic personality may be capable of a valid decision and free consent even though his capacity to fulfill the contractual obligations may be grossly deficient. This is rarely the case, however, since most decisions or commitments which they enter into are tinged with fraudulent expectations and narcissistic requirements. Their decisions are almost invariably conditional and egocentrically orientated so there would be serious concern about their interpersonal integrity and their awareness of the needs, desires, or interests of the others to whom they are offering a contract, promise, or commitment. In this sense, they would not be acting in a tender, interested, collaborative sense, nor would they be treating their partners as a person rather than a thing. It would almost entirely be "what they can get from a relationship rather than what they can give to it."

INTERPERSONAL RELATIONSHIPS IN MARITAL SITUATIONS

The capacity for interpersonal relationships or the ability to love or consider the needs of another individual are essential ingredients in the fulfillment of a contractual relationship in which one accepts the other person's need as a part of the contractual agreement. The conditions for such mature interactions grow out of more than the intellectual understanding of the contractual obligations. They depend very heavily on the individual's emotional capacity to become committed to another human being in a true, tender, and total sense. This involves more than a capacity for physical procreation and more than an ability to fulfill the material needs of another. The act of procreation is a physical union and requires only the possibility of the delivery of sperm to a woman who is capable of mature ovulation. The capacity for interpersonal or emotional intimacy, however, is something which grows only out of experience with others and a development with warm parental figures, such growth allowing for sound and mature judgment over the years. This implies self-esteem, a feeling of self-worth, a capacity for understanding one's self and the needs of others, and the ability to develop a knowledge of the other person's needs. This is possible in the development of an individual when there has been neither severe thwarts, nor impediments, nor psychic trauma, and thus mechanisms of denial, rationalization, or other neurotic defenses are not required.

The capacity to love is never fully developed in anyone, but it is sufficiently developed in most individuals so that there is a sharing, intrinsic to a good marital relationship, of all attitudes and experiences. This capacity is often confused with infatuation or the early enthusiasms brought on by severe needs of sex, dependency, or the like. If it is absent, however, it is quickly noticed by a marital partner and produces a variety of disruptive events punctuating a stormy and inevitably alienated marriage. It can be identified in those situations where the psychological, in contrast to the chronological, immaturity was such that the individuals had no real awareness of their proposed spouses until their denials, idealizations, and unawarenesses suffered a serious blow as they began to notice what their mate was really like. The immaturity also was reflected in their inability to have any conception of what they were like themselves and in their lack of awareness or capacity to observe their own needs, desires, interests, and values. They were incapable of looking below the surface of their mate's overt behavior and would overlook or deny all evidences of behavior which foretold future disastrous personality traits. Their eagerness, impatience, or other neurotic needs required that they either bypass all questionable behavior or assume that they will reform or undo such tendencies. This is not love, but immaturity. Consequently, the narcissistic or egocentric individual is overwhelmingly concerned with filling all his needs and is incapable of sharing or relating to his partner's and children's

requirements. This type of immaturity makes one incapable of interpersonal intimacy. Consequently, such marriages are barren, exploitative, and without true collaborative intimacy.

Likewise the paranoid personality, who views the mate with suspicion, distrust, and ever-present doubt with regard to fidelity, produces an endless preoccupation with reassurance and rigid conformity. Such a relationship is totally lacking in mutual affection and communicative intimacy. A valid relationship must have an interpersonal intimacy based on some adequate intrapersonal maturity.

In these instances the validity of the contract is challenged by the partner's incapacity, because of some personality tendencies, to fulfill the marriage contract for a true sharing and for a tender involvement.

NEUROSIS, PSYCHOSIS, AND OTHER DIAGNOSTIC LABELLING

Historically, our understanding of the psychic functioning of an individual was tied almost exclusively to his cognitive or intellectual capacity. It was assumed that an individual whose intellectual development was adequate could and should be able to understand and deal with the intricacies of human functioning. In the last century, however, it has become increasingly clear that emotional development, feelings, and attitudes play a role in this functioning.

Nevertheless, the diagnostic categories which have been used through these years did not necessarily reflect these advances. This is particularly true in the broad labels of psychoses and neuroses which presumably had specific and etiological significance. It was thought that the label of psychosis implied a personality disorganization—determined by an individual's irrational and disturbed behavior—sufficient to severely impair the ability to think, to communicate, and to interpret reality. This was particularly true in schizophrenia where delusions and hallucinations were present and the individual's behavior was so aberrant, inappropriate, and grossly irrational that there was little basis for disagreement about the individual's ability to function, plan, or decide about his life. Psychosis was contrasted with neurosis which was thought to be a less severe psychological disorganization in that there was no such gross personality disorganization or misinterpretation of external reality. These were considered to be minor psychic disorders which did not require hospitalization and isolation from the general community.

In broad terms this understanding of psychosis and neurosis is valid. By definition, a psychosis is a disorder in which the individual's capacity to adapt to cultural requirements is lacking and where his behavior is dangerous to himself and to others. In terms of some adaptive capacities, however, neurotic developments may be more disruptive to some ego functions. In the grosser disorganization of psychosis there may frequently be large blocks or compartments of adequate functioning in which there is no disturbance whatsoever. The neurotic, who appears to be less disturbed,

may in fact be more disorganized and incapable of making decisions or of carrying out responsibilities. In fact, in the area of interpersonal relationships, he may be even more grossly disorganized than the psychotic. Consequently, these labels are only indicative of certain qualities of behavior which describe an individual's capacity to function outside of or only inside of a hospital. And, the capacity for decision and choice may not be synonymous with these labels. It is evident and beyond dispute that certain neuroses are much more disruptive of the capacity to function in an intellectually and psychologically synthesized fashion than is a severe psychosis in which only one portion of an individual's functioning is pathological while the rest of his function is adequate. This relates to the use of defense mechanisms, such as denial, compartmentalization, grandiosity, projection, and the like, which permit an individual to avoid manifesting his true beliefs because of his conviction that he will be misunderstood. His disdain, contempt, or asocial behavior rather than his psychotic feelings and thought will be apparent.

The capacity to adjust and live in a community is not synonymous with the capacity for mature and competent judgment. For example, a very severe paranoid who can contain his paranoid thinking and keep it out of his daily functioning can function very effectively in the community and in the marriage. Yet he suffers from a severe psychosis in which schizophrenia is the underlying disorder. Although incapable of making any valid judgments about those matters which involve his paranoid thinking, he is capable of making decisions about those which do not. On the other hand, a hysterical individual who appears to be intact, even if melodramatic, and who appears to be capable of remaining in a community because his behavior in general is not psychotic may at times act so bizarrely and be so disturbed that his entire functioning is disruptive. Therefore, he cannot participate in true decisions about human relationships. Thus, in spite of the labels, a neurosis may be more incapacitating and disorganizing of one's daily functioning than a psychosis would be.

Neuroses can be described as disorders in which interpersonal relationships are most prominently disrupted. What has been said of a neurosis—that it is possibly more incapacitating and disorganizing in one's daily functioning than a psychosis—is also true with regard to compulsive disorders in which severe compulsive individuals, in their precise and exaggerated need to be effective producers and performers, may appear in fact to be functioning more adequately than others. Yet, they may be totally incapable of making a free choice or decision since they are pushed by psychological imperatives which do not allow them to deal with any of the alternatives. This is due to their need for absolute guarantees and absolute security in all of their functioning.

Personality disorders in general, where the capacity for loving intimacy in a mutual collaborative relationship is severely impaired, do interfere with the proper concern, tolerance, and acceptance of others that is

required in a marital arrangement. Consequently, diagnostic labels may be very misleading and we must view the individual in terms of his total behavior rather than in terms of some of his behavior's isolated elements. Again, in the case of the personality disorders, certain areas of functioning may be intact while others may be grossly disordered. This also applies to compulsions as well as to psychotic paranoid delusions when these compulsions in particular areas of an individual's life may in fact not interfere with his decisionmaking in other areas.

This issue is even more striking when we come to the category of borderline states. This category is not fully accepted as a disease entity, but simply implies that certain behavioral characteristics border on more severe disruptive states. Borderline behavior may itself be very maladaptive, even though it is not yet psychotic. Thus, it often refers to latent prepsychotic behavior, and receives a special name only because certain techniques for treatment are more applicable to an individual before he becomes psychotic than when he passes over the borderline. This category is now becoming more prominent in the sense that we are dealing with symptoms and behavior that are difficult to classify as psychotic. The symptoms can shift from one pattern to another, and the individual may be acting out behavior which will ultimately be schizophrenic. Such diagnostic labels can be misleading in our exploration of the individual's capacity for valid choice and for carrying out decisions since it is not the label of where he stands in the spectrum of psychosis which is relevant, but our assessment of his psychic integrity to make and to pursue a valid choice. Labels may have only tangential relevance to an individual's ability to make valid choices. This is particularly true when such choices involve long term relationships which require more than intellectual or physical capacity for their consummation. Marriages must involve the ability to understand and to take into account the needs of the partners. The total behavior of an individual reveals his ability to be aware of his own as well as his partner's needs, and such a capacity derives from the growth or maturity of his interpersonal relatedness as well as his intellectual capacity.

Labels have no universal significance. In fact, intellectual capacities are not sufficient since they also may vary in different parts of the world. Strikingly, such is the case with regard to the label of hysteria. Only a short while ago, hysteria was, and in some parts of the world still is, considered a major disorder. In the United States, however, it is considered a minor illness. We must therefore emphasize the totality of an individual's behavior rather than use a label which implies a defect that may not be present in each instance. We must also distinguish between symptoms that characterize a disorder and the necessary presence of the disorder. If we note a particular tendency or behavioral item, we must be able to recognize it as part of a total personality constellation rather than as an isolated phenomenon which will occur under specific circumstances. It is a character

structure defect that may involve failure to choose validly or to fulfill responsibilities of concern and care for another person, rather than isolated issues of irresponsibility, drinking, selfishness, etc., that allows us to make inferences about past behavior. We must, to speak of a personality disorder, be able to demonstrate clusters of characteristics that are part of a particular character type. Such behavior must be consistent, persistent, and occur under circumstances with rigid and unyielding tenacity. Personality traits react indiscriminately and compulsively regardless of the person or the occasion. This can be demonstrated, for example, in a narcissistic or an egocentric personality disorder where the needs of the other cannot be assessed or fulfilled because of the total focus on one's own needs and desires. Likewise, the sociopathic personality makes it impossible for the individual to have any realistic concern for others because of the grandiose assumption that he is privileged and exempt from human compassion and sharing.

Severe egocentricity does not permit a person to function satisfactorily with another. Thus, the capacity for sustaining full, loving, and effective relationships is severely impaired. Consequently, we must acknowledge that it is not the label which determines validity. A paranoid who may be schizophrenic may in fact sustain a meaningful relationship over many years of marriage and carry out the formal requirements of marriage even though he may not be capable of a full exchange of love and tenderness. In contrast, a severe compulsive cannot make a free choice and therefore his commitments are always conditional and there is rarely ever a true interaction of marriage. It is only through an examination of an individual who comprehends the significance of maturity and development that such judgments as to the validity of a contract, whether involving human or purely material interactions, can be effectively made.

If we agree that the marriage should be annulled on the grounds of psychopathological immaturity or personality disorder, how can we expect a subsequent marriage to succeed? In fact, since second marriages rarely appear for subsequent annulment, it may be inferred that subsequent marriages frequently do succeed. The question is based on a misunderstanding of the nature of neurosis or personality disorder. It is not a fixed, immutable tendency beyond repair or correction. In fact, the experience in the first marriage is often a significant learning experience and the therapeutic effectiveness of the Tribunal procedure plays a significant role in choosing a better suited mate and entering a more respectful, loving, collaborative marriage. The examination of the individual's personality configuration or behavior which prevented self-awareness and therefore awareness of the partner is revealed and acknowledged and often respected in the subsequent marriage. Recognition of the role of free choice, responsibility, love, care, exchange, and trust is highlighted so that subsequent marriages have more interpersonal validity. The Tribunal procedure often serves to focus on issues of which the partners may have had little or no

awareness. In this sense, the Tribunal plays a reparative as well as a sacramental role and reunites and makes "whole" those disturbed and distressed partners.

In addition it may be borne in mind that personality and mental functioning is a relative incapacity. Although traits may be very antagonistic to each other, they may also be conjunctive and symbiotic. The hysterical individual may live very happily and tenderly with an obsessional even though he would be totally incompatible with another hysteric. A schizoid individual may marry well with a more subdued, passive individual, yet be utterly incapable of sustaining a relationship with a manic, excessively extroverted individual. Thus, annulments involving such personality misfits may be the prelude to successful marriages with other personality types. In this way the Tribunal serves to fulfill the best capacities and potentialities of an individual and allows him a more reasonable and valid choice for a full and total existence.

While psychiatric labels can be useful in describing broad categories of human behavior and pathology, they tend towards an uncritical appraisal of a particular individual's behavior and potential. To discard labelling we must be prepared to substitute in its place adequate and convincing data with regard to such issues as judgmental capacity, adequate consent, responsibility, interpersonal intimacy, and benevolent collaboration. To replace the psychiatric opinion of schizophrenia one must present data to highlight, among other things, the individual's inclination toward withdrawal, the splitting of emotion from intellect, and the disorganization of the individual's capacity for effective and rational functioning. Thus, when we advocate fewer labels, we must be able to supply data.

This leads us directly to the question of the function and propriety of the psychiatrist's presence during the Tribunal proceeding. It is the direct contact with the individuals involved rather than transcripts of the proceedings that lends conviction to the proceedings and comfort and support to the participants. It is the presence of a trained interviewer whose goal is to elucidate character structure, its development, and its malfunctioning that makes the psychiatrist an invaluable member of the team whose function is to determine the validity of the marital contract. The psychiatrist, through his informed questioning, not only supplies the court with positive evidence, but also assists the defender of the bond in elucidating and illuminating the inconsistencies and ambiguities that might lead the court to difficulties in arriving at a just judgment, be it affirmative or negative.

Rather than a standard or routine set of questions, the judges and the defender of the bond can pursue lines of inquiry opened up by a competent psychiatric consultant. This inquiry can be convincing to them and to any appellate body as well as to all of the participants in the annulment proceeding. The presence of the psychiatrist can also accelerate the proceedings immeasurably and thereby save the Tribunal, the Church, and the

applicants both money and anguish. It is an economy, not a luxury, and a positive contribution to the faith, good will, and loving concern of the participants.

ADDENDA: COMMENTS ON "COMMITMENT TO AND IN MARRIAGE"

ROBERT M. DALY, M.D.**

Dr. Salzman describes two parts to the marriage contract as if they were truly separate. The initial part requires a free will act and the second part requires an ability to understand the future evolution of the interpersonal relationship. This division of the contract into two separate acts is purely descriptive. The free will act is to marry this person based on the actual knowledge of the other person as a "human being." As described by Rollo May, the full meaning of the term "human being" will be clearer if the reader keeps in mind that "being" is a participle, a real form implying that someone is in the process of being something. Being is constantly emerging, *i.e.* it is always in the process of becoming, always developing in time, and never to be defined at status points. In order to have knowledge of another person, we must experience the other person's being. It is at this point that a free will act is made and the contract formed.

The future is present. I will venture to say that because of the high incidence of personality disorders in the United States, the free will act is unable to be made in a high percentage of Catholic marriages. I also feel that in many other instances, either because of developmental immaturity or as a result of the complex emotional factors involved in courting, the free will act occurs a long time after the words "I do" are said on the altar.

I agree with Dr. Salzman that this decision does not need to imply the absolutes of good health or a complete balance of the emotional and intellectual capacities. But there has to be sufficient balance so that one's acts are not predetermined by conditioning or anxiety avoidance factors as exemplified by definition by the personality disorders.

I generally agree with the statement that a personality disorder becomes more severe as one gets older and that the possibility of it being minimal at the time of the marriage is a normal assumption. I disagree with the implication that a free will act has a greater possibility of occurring at the time of the marriage. This is because I interpret his word severe to mean that the personality disorder is more permanent and less treat-

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able. The inability to make a free will act, marriage, is the same in both cases.

I disagree with the statement that a sociopath is capable of making a free choice as to whom to marry. In addition to what was explained earlier, Dr. Salzman's statement that personality traits react indiscriminately and compulsively regardless of the person or the occasion adds support to this. I therefore cannot agree with the implication that a paranoid schizophrenic can enter into an "I — thou," *i.e.* meaningful, relationship.

MARION JUSTIN REINHARDT***

The distinction made by Dr. Salzman between judgmental capacity and adequately free consent, on the one hand, and the ability to fulfill an essential term of the marriage contract, on the other hand, gives a possible answer to a question frequently proposed by canonists today: is psychic impotence absolute so that the nullity is envisioned as being unilateral, *i.e.* solely on the one person, *or* is it relative, *i.e.* an incapacity which depends on the relationship of one person to another, so that a person would be considered incapable of entering marriage with one specific person but could marry another? Dr. Salzman describes the incapacity to fulfill an essential term of the contract, *i.e.* to lead a common conjugal life, as described by canon 1128, as relative. A person may not be able to lead a common conjugal life with one person, but he may be able to do so with another. Canonists are already accustomed to a relative incapacity to fulfill an essential term of the marriage contract such as is mentioned in canon 1068. On the other hand, severe interference with judgmental capacity, lack of internal freedom, or inadequate consent would be unilateral. The consent could be defective on both parties, but at least in one the judgmental capacity, the freedom of the will, or the consent in general would have to be severely interfered with. However, at least in some cases, consent which was severely defective at one point in history (the day of a marriage) might be truly adequate at another time in history (the day of the second marriage).

This concept is also well known to canonists. A person who completely lacked internal freedom at the time of a first marriage because of fear caused by grave, external, unjust force might enjoy almost perfect freedom at the time of a second marriage.

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EDWARD J. KOMORA, J.C. ****

A man and a woman in a covenant of conjugal love, *i.e.* of marriage, agree to render help and service to each other through an intimate union of their persons and their actions. They agree to a perpetual and exclusive bodily right ordained to acts which are *per se* apt for the procreation of children. They agree to a partnership, *i.e.* to a community of life which is the intimate union of each other's person and works. Conjugal life thus consists of an interpersonal ordination. This ordination to which the parties are committing themselves and are contracting for is not only a right to community opportune for procreative acts, but is especially for the right also to the community of life opportune for sharing all the facilities of living of which they are capable. The commitment is a consent or willingness to activate not only each other's potentiality for procreative acts, but to activate as well a potentiality for a felicitous sharing of a totality of living other than that for acts of procreation.

Thus, it can be seen that a consent to marriage must contain more than a simple, abstract, concept of the content of the objective substance of marriage, a simple volitional assertion of "I do."

Thus, the intellectual cognitive capacity to understand the nature of marriage, proclaimed as the essential requisite for making a marital consent and hitherto cited as a guarantee of that consent's validity, is not really a truly operational capacity unless it also comprehends awareness and preparedness for coping with all the multiple contingencies attendant on the marriage's extending into the future. But, more than this, genuine human (*humanus*) authenticity of this essential intellectual cognitive capacity regarding its fitness for consent to marriage must be seated in a matured fullness of that element of human reality designated as the life of the emotions, the *vis affectiva*, or the instinctual drive apperceptions and their appropriate orientation to the external reality of persons and things. The valid consent implies that it is predicated on an ability for the capacity of the contractant to evaluate in concrete, visualized images, foresights and in repeated states or ways of prescience what a totality of community living is and capacity to judge whether this or that other person is equal to and suitable for adequately participating in these prospective vistas of community living envisioned by the contractant or not.

Consenting to a marriage, then, is in large part a judgment about oneself as to whether capacities for community living are present; what these capacities are, *i.e.* what is their mental and physical substance, and to what sufficient degree are these same capacities present and congruous in the person contemplated as that other one involved in the prospective interpersonal relationship. Further, a certain accuracy and objective reality must be an essential part of a contractant's knowledgeable self-

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possession since it necessarily becomes the touchstone of his or her evaluation of the other partner. We know, interpret, and understand another in the light of how we have known and experienced ourselves. An individual who is unconscious to his own dynamic ratiocinations of living and experiencing cannot properly understand and judge the person he is drawn to.

The complete nature, then, of that very essential capacity, namely *maturitas judicii*, is a nature which is homogeneous or integral with a *maturitas affectiva*. Good or adequate requisite judgment refers, then, to both intellectual and emotional functions. More correctly, one would say that it refers to the emotionally relevant use of one's assets in regard to the reality situation, in this case marriage, where though intellectual and logical correctness is implied, they do not play the only role; rather it is the proper emotional orientation which brings to consciousness and to execution the efficient utilization of one's knowledge in a manner attuned to the whole situation. Further, it implies a delaying of first impulses and implies an enumeration of discrepant possibilities.

The foregoing formulations are in fair part culled from recent Rotal decisions and, together with the rest, are consonant with a good deal of prevailing psychiatric theory and are resonant with the discoveries of personality development and sound personality structure emerging from the findings of depth psychology.

In pursuance of the present discussion regarding the needs of Tribunals in their evaluation of pleadings for nullity, there is some pertinence in first citing a Rotal commentary incident to one of its most recent decisions. The commentary states that it is "difficult in the existential order and with words that could be terms positive and adequate to explain what are the essential formal elements of the partnership of the whole of life, as long as the parties in the act of celebrating marriage mutually give to one another the right to that partnership and likewise accept it." The parties alluded to in this obiter dictum are, of course, not the parties who appear before marriage tribunals. They are, rather, those partners in marriage who have been living together for a brief or lengthy time in an atmosphere of friction and antagonism, ignoring or being oblivious to each other's wishes for joy, comfort, or enrichment, and are aggressive, abusive, grossly neglectful of each other, and often openly hostile and explicitly rejecting of each other, their lives being devoid of any affective expressions of love or concern, erotic or otherwise.

It is the business of the Tribunal to discover whether this negative disruptive state of what was once ostensibly designed and intended as a relation of conjugal love and entered into by way of a marital consent is the result of malicious, explicit, designedly vicious intention correctable only by grace and moral reformation or whether it is the result of some condition of psychopathology not only presently existing in the contractant but intrinsic to the personality of the contractant or contractants and

visibly discernible as they presented themselves at the time of marital consent. It is in instances like these, *i.e.* instances of actual marital discord analogous or similar to the descriptions given above, that Tribunals have appealed to psychiatric knowledge and science for helpful evaluation. And it is also the offering of psychiatry and psychiatrists to demonstrate that it is not entirely so difficult to explain what are the essential components of this partnership of the whole of life.

Thus in very many such instances psychiatric opinions based on the discoveries and insights gathered from the explorations of depth psychology find that there existed in at least one, if not both, contractants a definite type of psychopathology depriving the contractant of the ability to make a valid judicious consent commensurate with the natural substance of the marital relationship.

It is in such cases as these that psychiatric opinion would be to the effect that there existed a disorder of the personality, though not necessarily marked by florid features of delusions, hallucinations, irresistible impulses, or blatant obsessions or compulsions, but still severe enough to preclude the development of the essential community of life necessary for marriage. Psychiatric opinions would state that there was a failure in development of the capacity for object relationships, *i.e.* attraction towards an object by affective movements had not been determined by an appreciative comprehension of the object. It would explain also that whatever comprehension of the object that occurred had not been the result of trial-like identifications of the contractant with the object's own feelings and strivings during courtship and therefore could not truly have realized that essential phenomenon of empathic joy, which is the natural epigenesis of such trial identifications and is in great part the substance of object love.

Psychiatry would be able to demonstrate that the contractant had not been able to grasp the fact that satisfaction accruing from a unity with the presumed love object can only exist if the love object, too, is satisfied in the contextual ambience of mutual perceptions and sensibilities, tastes, values, aspirations, and ambitions. It would state that the contractant's interpersonal behavior was always motivated instead by a quest for confirmation of self-esteem, self-respect, self-value, self-importance—all variant expressions of the crucial failure in psychic development, namely that normal transmutation of primal narcissism into constructive reality-directed tendencies and patterns essential for an emotional and intellectual life normally enriched by participation in a conjugal relationship. In more simple terms, the pattern of disruptive behavior which is exhibited by this type of personality can be described by saying that in the consciousness of the contractant there was never an awareness of why he really believed he loved the partner since he never found out whether the partner loved him for what he loved about himself and never knew whether he loved the partner for what the partner loved about herself. In other words, the persistence of the primal, untransmuted, untamed narcissism—which

is initially intrinsic to all personalities—precluded his thinking that anyone could have equal, let alone more, importance or that attention to the self-evaluation or self-concept existing in another was of any significance for marital compatibility.

It is this type of individual which falls into the category of personality disorders which of recent years has been termed narcissistic personality disorder. The label is appropriate, but the label is not the substance of the disorder. The manifestations of the disorder, however, are distinct and the essence of the disorder, namely a maldeveloped narcissism, is a real psychological phenomenon or essence. As stated earlier, the behavioral pattern is not attributable to absence of virtuous tendencies alone, but to intrinsic defective structuring of the personality.

What has been said is an attempt to show that the category of personality disorder signifies a genuine bona fide example of a psychological state which is incompatible with actuating the true substantial content of marriage and as such seriously impairs the ability to exercise the *res judicii* necessary to negotiate a valid marital contract. It is also an attempt to show that the evaluation of a contractant's longitudinal as well as present vertical behavioral pattern must be geared for elucidation of the personality structure and such deviant facets as the examination discloses must be estimated in terms of their relevance to the structure of the personality.

The balance of ego or intellectual capacity, instinctual energy or *vis affectiva*, parental introjects functioning as norms for the use of affects and instincts to help conscience, valuations of external phenomena or reality testing capacity, and finally, a coherent sense of self, all help to determine a contractant's capacity for felicitous, productive, enriching living. All manifestations of psychic pathology or deviation ought to be evaluated in terms of their weight in determining personality structure insofar as the personality structure militates for or against conjugal existence. These deviations may be florid or blatant and obviously, in such cases, are preclusive of conjugal living. When they are seemingly vague and indetermined, however, analysis of the contractants in terms of personality structure is imperative.

Rotal decisions have said that when a person is incapable of rightly judging and reasoning about starting this community of lasting life with another person, then ipso facto he lacks that discretion of judgment which can lead to a valid choice of a conjugal partner. Further, these decisions have said that a marital state entered upon by such an individual could not result in the product of a *consortium omnis vitae* and nullity therefore ensues on the lack of what is the very object of the matrimonial consent.

It is well to repeat what was said above, namely, that when the findings of the behavior of a contractant are seemingly vague and indeterminate, then it will greatly aid to determine and delineate whether or not the personality is intact enough for valid marital consent.